GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 078-6

BRIEF TITLE Enterprise Co., Inc.	APPROVED DEADLIN	IE REASON
DETAILS		POSITIONS/RECOMMENDATIONS
Lease Agreement for the Health Departmen Medicaid Program at 2662 Cornhusker High 11/1/06-10/31/08 - \$4,106.91 per month.	Access Sponsor y -	
, , , , , , , , , , , , , , , , , , ,	Program Departme Groups A	ents, or ffected
	Applicants Proponen	
		City Department
		Other
Discussion (Including Relationship to other Coun Actions)	ncil Opponents	s Groups or Individuals
		Basis of Opposition
	Staff Recommer	ndations
	Board or Commissio Recommen	
	CITY COUN ACTIONS (For Counci Only)	NCIL Pass

DETAILS	POLICY/PROGRAM IMPACT		
	POLICY OR PROGRAM CHANGE	□ NO □ YES	
	OPERATIONAL IMPACT ASSESSMENT		
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project: COST of this Ordinance/ Resolution	\$
		RELATED annual operating Costs	\$
		INCREASE REVENUE EXPECTED/YEAR	\$
	SOURCE OF FUNDS	CITY [Approximately] \$ \$ \$ \$ \$ \$ NON CITY [Approximately]	% % %
		\$	
	Y.	\$\$	% %
		\$	%
		<u> \$</u>	%
	BENEFIT COST Front Foot Square Foot	Ave:	rage Assessment

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, PhD, Health Director

REVIEW BY:

REFERENCE NUMBER